

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44463
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5940

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5514 EAST 27 th ST. Length of stay in 1b 44 YEARS				d. STREET ADDRESS (If outside, give location) 5514 EAST 27 th ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First PAUL Middle EDWARD Last LITER				4. DATE OF DEATH DEC. 14, 1957 Month Day Year				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT 25, 1900 57		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPT. SUPERINTENDENT-BINDERY		10b. KIND OF BUSINESS OR INDUSTRY Public Library		11. BIRTHPLACE (City and state or country) OAK GROVE, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME HARRY T.		13b. MOTHER'S MAIDEN NAME LITER NORA M. LOCKHART		14. NAME OF HUSBAND OR WIFE MELBA M. LITER				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-26-5652		17. INFORMANT Address MELBA M. LITER 5514 E. 27 th ST. K.C., MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor. Pulmonae Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271						INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from January 1955 to 12/14/57 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				21. I attended the deceased from 12/14/57 to 12/13/57 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. W. Brinkham (Degree or title) MD				22b. ADDRESS 314 Prof Bldg K.C., Mo		22c. DATE SIGNED 12/15/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 16, 1957		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY		23d. LOCATION (City, town, or county) MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1381 BRUSH CREEK K.C., MO		25. DATE RECD. BY LOCAL REG. 12-16-57		26. REGISTRAR'S SIGNATURE Melba Marshall	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 4931

P. O. Address KE No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.